



Arkansas Department of Health and Human Services

Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437



Fax: 501-682-2480

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – ARKids First - B

DATE: October 1, 2007

SUBJECT: Provider Manual Update Transmittal #56

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
262.110	7-1-07	262.110	10-1-07
262.120	7-1-07	262.120	10-1-07

Explanation of Updates

This update transmittal is being released to update the medical supplies and durable medical equipment available to ARKids First – B participants.

Section 262.110 has been reformatted to one style of listings to provide clarity and simplify use of information. Descriptions have been added for supplies formerly listed only as procedure codes. Required modifiers have been added and corrected to meet current guidelines and claims processing criteria. Obsolete codes have been deleted and additional coverage items have been added. Coding information for Pedia-Pop has been deleted as this is not a covered product under ARKids First B.

Section 262.120 has been reformatted to one style of listings to provide clarity and simplify use of information. Descriptions have been added for DME equipment formerly listed only as procedure codes. Required modifiers have been added and corrected to meet current guidelines and claims processing criteria. Obsolete codes have been deleted and additional coverage items have been added. Prior Authorization indicators have been added.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

262.110 Medical Supplies Procedure Codes

10-1-07

The following medical supplies procedure codes may be billed by Medicaid-enrolled Home Health and Prosthetics providers for ARKids First-B participants.

Procedure Code	Required Modifier(s)	Description
A4206	NU	Syringe with needle, sterile < or = to 1cc
A4207	NU	Syringe with needle, sterile 2 cc, each
A4209	NU	Syringe with needle, sterile 5 cc or greater, each
A4216	NU	Sterile water/saline, 10 ml
A4217	NU	Sterile water/saline, 500 ml
A4221*	NU	Supplies for maintenance of drug infusion catheter per week
A4222*	NU	Supplies for external drug infusion pump per cassette or bag
A4253	NU	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253	NU, U1	
A4256	NU	Normal, low and high calibrator solution/chips
A4259	NU	Lancets, per box
A4259	NU, U2	
A4265	NU	Paraffin
A4310	NU	Insertion tray without drainage bag and without catheter
A4311	NU	Insertion tray without drainage bag with indwelling catheter
A4312	NU	Insertion tray without drainage bag with indwelling catheter
A4313	NU	Insertion tray without drainage bag with indwelling catheter
A4314	NU	Insertion tray with drainage bag with indwelling catheter
A4315	NU	Insertion tray with drainage bag with indwelling catheter
A4316	NU	Insertion tray with drainage bag with indwelling catheter
A4320	NU	Irrigation tray with bulb or piston syringe, any purpose
A4322	NU	Irrigation syringe, bulb or piston
A4326	NU	Male external catheter specialty type, e.g.; inflatable,
A4327	NU	Female external urinary collection device; metal cup, each
A4328	NU	Female external urinary collection device; pouch, each
A4330	NU	Perianal fecal collection pouch with adhesive
A4331	NU	External drainage tube, any type/length, for urine leg bag/urostomy pouch, ea
A4338	NU	Indwelling catheter; foley type, two-way latex with coating
A4340	NU	Indwelling catheter; specialty type, e.g.; Coude, mushroom

Procedure Code	Required Modifier(s)	Description
A4344	NU	Indwelling catheter; foley type, two-way, all silicone
A4346	NU	Indwelling catheter; foley type, three way for continuous
A4349	NU	Male external catheter w/integral collection compartment
A4351	NU	Intermittent urinary catheter, disposable straight tip
A4351	NU, U1	
A4352	NU	Intermittent urinary catheter disposable Coude (curved)
A4352	NU, U1	
A4353	NU	Urinary intermittent catheter with insertion supplies
A4353	NU, U2	
A4354	NU	Insertion tray with drainage bag but without catheter
A4355	NU	Irrigation tubing set for continuous bladder irrigation
A4356	NU	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	NU	Bedside drainage bag, day or night, with or without anti reflux
A4358	NU	Urinary leg bag; vinyl, with or without tube
A4361	NU	Ostomy faceplate
A4362	NU	Skin barrier; solid, 4 x 4 or equivalent, each
A4364	NU	Adhesive for ostomy or catheter; liquid (spray, brush, etc.)
A4365	NU	Adhesive remover wipes, any type, per 50
A4367	NU	Ostomy belt
A4368	NU	Ostomy filters, any type, each
A4369	NU	Ostomy skin barrier liquid spray, brush, etc.
A4371	NU	Ostomy skin barrier powder, per oz
A4394	NU	Ostomy deodorant, all types, per ounce
A4397	NU	Irrigation supply; sleeve
A4398	NU	Irrigation supply; bags
A4399	NU	Irrigation supply; cone/catheter
A4400	NU	Ostomy irrigation set
A4402	NU	Lubricant
A4404	NU	Ostomy rings
A4405	NU	Ostomy skin barrier, non-pectin based paste, per oz.
A4406	NU	Ostomy skin barrier, non-pectin based paste, per oz.

Procedure Code	Required Modifier(s)	Description
A4407	NU	Ostomy skin barrier w/flange, ext wear, w/built in convexity 4x4 or<, ea
A4414	NU	Ostomy skin barrier, w/flange (solid, flexible or accordion), w/o built in convexity, 4x4 or<, ea
A4452	NU	Tape non-waterproof per 18 sq in
A4455	NU	Adhesive remover or solvent (for tape, cement or other adhesive), per oz
A4483	NU	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4558	NU	Conductive paste or gel
A4561	NU, U1	Pessary, rubber, any type
A4562	NU	Pessary, non-rubber, any type
A4623	NU	Tracheostomy, inner cannula (replacement only)
A4624	NU	Tracheal suction catheter, any type, each
A4625	NU	Tracheostomy care or cleaning starter kit
A4626	NU	Tracheostomy cleaning brush, each
A4628	NU	Oropharyngeal suction catheter each
A4629	NU	Tracheostomy care kit for the established tracheostomy
A4772	NU	Dextrostick or glucose test stripes per box
A4927	NU	Gloves sterile or non-sterile per pair
A5051	NU	Pouch, closed; with barrier attached (1 piece)
A5052	NU	Pouch, closed; with barrier attached (1 piece)
A5053	NU	Pouch, closed; for use on faceplate
A5054	NU	Pouch, closed; for use on barrier with flange (2 piece)
A5055	NU	Stoma cap
A5061	NU	Pouch, drainable; with barrier attached (1 piece)
A5062	NU	Pouch, drainable; without barrier attached (1 piece)
A5063	NU	Pouch, drainable; for use on barrier with flange (2 piece)
A5071	NU	Pouch, urinary; with barrier attached (1 piece)
A5072	NU	Pouch, urinary; without barrier attached (1 piece)
A5073	NU	Pouch, urinary; for use on barrier with flange (2 piece)
A5081	NU	Continent device; plug for continent stoma
A5082	NU	Continent device; catheter for continent stoma
A5093	NU	Ostomy accessory; convex insert

Procedure Code	Required Modifier(s)	Description
A5102	NU	Bedside drainage bottle; rigid or expandable
A5105	NU	Urinary suspensory; with or w/o leg bag, with or without tube
A5112	NU	Urinary leg bag; latex
A5113	NU	Leg strap; latex, per set
A5114	NU	Leg strap; foam or fabric, per set
A5120	NU	Skin barrier, wipes or swabs, each
A5121	NU	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	NU	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	NU	Adhesive; disc or foam pad
A5131	NU	Appliance cleaner, incontinence and ostomy appliances, 16 oz
A6154	NU	Wound pouch each
A6196	NU	Alginate dressing, each (16 square inches or less)
A6197	NU	Alginate dressing, each (more than 16, but less than 48 square inches)
A6198	NU	Alginate dressing, each (more than 48 square inches)
A6203	NU	Composite dressing, each (16 square inches or less)
A6204	NU	Composite dressing, each (more than 16, but less than 48 square inches)
A6205	NU	Composite dressing, each (more than 48 square ins)
A6209	NU	Foam dressing, each (16 square inches or less)
A6211	NU	Foam dressing, wound cover pad each (more than 48 square inches)
A6212	NU	Foam dressing, wound cover pad each (16 sq in or less)
A6213	NU	Foam dressing, each (more than 16, but less than 48 square inches)
A6216	NU	Gauze non-impregnated, non-sterile, pad size 16 square inches or less) w/o adhesive border
A6219	NU	Gauze, non-impregnated pad size 16 sq in or less with adhesive border
A6220	NU	Gauze, non-impregnated pad size >16 sq in but < 48 sq in
A6221	NU	Gauze, non-impregnated, pad size > 48 sq in
A6228	NU	Gauze, impregnated, water or NS pad size 16 sq in or less
A6229	NU	Gauze, impregnated, water or NS, pad size > 16 in but < 48 sq in
A6230	NU	Gauze, impregnated, water or NS, pad size > 48 sq in

Procedure Code	Required Modifier(s)	Description
A6234	NU	Hydrocolloid dressing, each (16 square inches or less)
A6235	NU	Hydrocolloid dressing, each (more than 16, but less than 48 square inches)
A6237	NU	Hydrocolloid dressing, wound cover, pad size 16 sq in or less with adhesive
A6238	NU, U1	Hydrocolloid dressing, each (more than 48 square inches)
A6241	NU	Hydrocolloid dressing, wound cover, pad size 16 sq in or less w/o adhesive
A6242	NU	Hydrogel dressing, each (16 square inches or less)
A6243	NU	Hydrogel dressing, each (more than 16, but less than 48 square inches)
A6244	NU	Hydrogel dressing, each (more than 48 square inches)
A6245	NU	Hydrogel dressing, each (16 square inches or less)
A6246	NU	Hydrogel dressing, each (more than 16, but less than 48 square inches)
A6247	NU	Hydrogel dressing, each (more than 48 square inches)
A6248	NU	Hydrogel dressing, each (1 ounce), wound filler, gel
A6257	NU	Transparent film, each (16 square inches or less)
A6258	NU	Transparent film, each (more than 16, but less than 48 square inches)
A6259	NU	Transparent film, each (more than 48 square inches)
A6403	NU	Gauze, non-impregnated, sterile, pad size more than 16 sq in but = to or <48 sq in
A6404	NU,	Gauze, non-impregnated, sterile, pad size = to or >48 sq in
A6441	NU	Padding Bandage, non-elastic, width > or = 1 in & < 5 in per yd
A6442	NU	Conform bandage, non-elastic, non-sterile, width < 3 in, per yd
A6443	NU	Conform bandage, non-elastic, non-sterile, width > or = 3 in & < 5 in, per y
A6444	NU	Conform bandage, non-elastic, non-sterile, width > or = 5 in, per yd
A6445	NU	Conform bandage, non-elastic, sterile, width < 3 in, per yd
A6446	NU	Conform bandage, non-elastic, sterile, width > or = 3 in and < 5 in, per yd
A6447	NU	Conform bandage, non-elastic, sterile, width > or = 5 in, per yd

Procedure Code	Required Modifier(s)	Description
A6448	NU	Light compression bandage, elastic, width < 3 in, per yd
A6449	NU	Gauze elastic, all types, per roll (linear yard)
A6450	NU	Light compression bandage, elastic width > or = 5 in, per yd
A6451	NU	Mod compress bandage, elastic, width > or = 3 in & < 5 in, per yd
A6452	NU	High compress bandage, elastic, with > or = 3 in & < 5 in per yd
A6453	NU	Self-adherent bandage, elastic, width < 3 in, per yd
A6454	NU	Self-adherent bandage, elastic, width > or = 3 in & < 5 in, per yd
A6455	NU	Self-adherent bandage, elastic, width > or = 5 in, per yd
A6549* **	NU	Stocking, gradient compression; not otherwise specified
A7520	NU	Trach/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each
A7521	NU	Trach/Laryngectomy tube, cuffed, PVC, silicone or equal, ea
A7522	NU	Trach/Laryngectomy tube, stainless steel or equal, reusable, ea
B4086	NU	Gastrostomy/jejunostomy tube any material any type
B4100**	NU	Food thickener, administered orally, per oz.
E0776	NU	IV pole

NOTE: *A4221, A4222 and A6549 must be prior authorized. Form AFMC-103 must be used for the request for prior authorization. [View or print form AFMC-103 and instructions for completion.](#)

****The costs of B4100 and A6549 are not subject to the \$125 medical supplies monthly benefit limit.**

262.120 Durable Medical Equipment (DME) Procedure Codes

10-1-07

The following DME HCPCS procedure codes may be billed with appropriate modifiers by Medicaid-enrolled prosthetics providers for ARKids First-B participants.

HCPCS code	Modifiers	Description	Payment Method
A4213	NU	Syringes, sterile, 20 cc or greater, each	Purchase only
A4230	NU	Infusion set for external insulin pump, non-needle cannula type	Purchase only
A4231*	NU	Infusion set for external insulin pump, needle (ea)	Purchase only

HCPCS code	Modifiers	Description	Payment Method
A4232*	NU	Syringe w/needle for external insulin pump sterile (ea)	Purchase only
A4627	NU, UB	Spacer bag or reservoir, with or without mask, for use with metered dose inhaler	Purchase only
A4627	NU	Spacer bag or reservoir, with mask, for use with metered inhaler	Purchase only
A4635	NU UE	Underarm pad, crutch, replacement, each	Purchase only
A4636	NU UE	Replacement, handgrip, cane, crutch or walker, each	Purchase only
A4637	NU UE	Replacement, tip, cane, crutch or walker, each	Purchase only
A4670	NU	Electronic blood pressure monitor and cuff	Rental only
A6021	NU	Polyskin/Collagen dressing 16 sq in or less	Purchase only
A6022	NU	Polyskin/Collagen dressing >16 sq in but <48 sq in	
A6023	NU	Polyskin/Collagen dressing 48 sq in or >	
A6024	NU	Polyskin/Collagen dressing wound filler per 6 in	
A7034* A7034* ^	RR	CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) Note: Complete medical data pertinent to the request must be submitted with a prior authorization request.	Rental only
A7045	NU	Exhalation port w/wo swivel used w/accessories for positive airway device, replacement only	Purchase only
A7046	NU	Water chamber for humidifier, replacement, each	Purchase only
A7524	NU	Tracheostoma stent/stud/button, each	Purchase only
A7525	NU	Tracheostomy mask, each	Purchase only
E0100	NU	Cane includes canes of all materials, adjustable	Purchase only
E0105	NU UE	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Purchase only
E0110	NU UE	Crutches, forearm, includes crutches of various materials, complete, pair	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0111	NU UE	Crutch, forearm, includes crutches of various materials, complete, each	Purchase only
E0112	NU UE	Crutches, underarm, wood, adjustable or fixed, pair	Purchase only
E0113	NU UE	Crutches, underarm, wood, adjustable or fixed, each	Purchase only
E0114	NU UE	Crutches underarm, aluminum, adjustable or fixed, pair	Purchase only
E0116	NU UE	Crutch, underarm, aluminum, adjustable or fixed, each	Purchase only
E0130	NU UE	Walker, rigid adjust, or fixed height	Purchase only
E0135	NU UE	Walker, folding (pickup), adjustable or fixed height	Purchase only
E0141	NU UE	Walker, wheeled, without seat	Purchase only
E0143	NU UE	Folding walker, wheeled without seat	Purchase only
E0147	NU UE	Heavy duty, multiple breaking system, variable	Purchase only
E0153	NU UE	Platform attachment, forearm crutch, each	Purchase only
E0154	NU UE	Platform attachment, walker each	Purchase only
E0155	NU UE	Wheel attachment, rigid pickup walker, per pair	Purchase only
E0156	NU	Seat attachment, walker	Purchase only
E0157	NU UE	Crutch attachment, walker	Purchase only
E0158	NU UE	Leg extensions for a walker	Purchase only
E0159	NU	Brake attachment for wheeled walker, replacement, each	Purchase only
E0161	NU UE	Sitz type bath, portable, fits over commode seat	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0163	NU UE	Commode chair, stationary with fixed arms	Purchase only
E0167	NU UE	Pail or pan for use with commode chair	Purchase only
E0175	NU UE	Footrest, for use with commode chair, each	Purchase only
E0181^	NU UE	Pressure pad, alternating with pump	Capped rental
E0182	NU UE	Pump for alternating pressure pad	Purchase only
E0184	NU UE	Floatation mattress, dry	Purchase only
E0185	NU UE	Decubitus care pad, floatation or gel pad with foam leveling	Purchase only
E0186*	NU	Air pressure mattress	Purchase only
E0187*	NU	Water pressure mattress	Purchase only
E0189	NU UE	Lambswool sheepskin pad, any size	Purchase only
E0190	NU UE	Decubitus care mattress	Purchase only
E0191	NU UE	Heel or elbow protector, each	Purchase only
E0196	NU	Gel pressure mattress	Purchase only
E0197	NU UE	Air pressure pad for mattress, standard mattress length and width	Purchase only
E0198*	NU	Water pressure pad for mattress, standard mattress length and width	Purchase only
E0200^	NU UE	Heat lamp, without stand (table model)	Capped rental
E0202	NU UE	Phototherapy (bilirubin) light with photometer	Rental only
E0205^	NU UE	Heat lamp, with stand, includes bulb or infrared	Capped rental
E0217^	NU UE	Water circulating heat pad with pump	Capped rental

HCPCS code	Modifiers	Description	Payment Method
E0225^	NU UE	Hydrocollator unit, includes pads	Capped rental
E0235	NU UE	Paraffin bath unit, portable	Purchase only
E0236^	NU UE	Pump for water circulating pad	Capped rental
E0238	NU UE	Non-electric heat pad, moist	Purchase only
E0239^	NU UE	Hydrocollator unit, portable	Capped rental
E0244	NU	Raised toilet seat (manufacturer's invoice must be attached to paper claim)	Purchase only Manually priced
E0249	NU UE	Pad for water circulating heat unit	Purchase only
E0250^	NU	Hospital bed, with side rails fixed height, w/mattress	Capped rental
E0255^	NU UE	Hospital bed, with side rails, variable heights, hi-lo, w/mattress	Capped rental
E0260^	RR KH UE	Hospital bed, semi-electric (head and foot adjustment) with any type side rails, w/mattress	Capped rental
E0271^	NU UE	Mattress, innerspring	Capped rental
E0272^	NU UE	Mattress, foam rubber	Capped rental
E0273	NU UE	Bed board	Purchase only
E0275	NU UE	Bed pan, standard, metal or plastic	Purchase only
E0276	NU UE	Bed pan, fracture, metal or plastic	Purchase only
E0280	NU UE	Bed cradle, any type	Purchase only
E0325	NU UE	Urinal; male, jug-type, any material	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0326	NU UE	Urinal; female jug type, any material	Purchase only
E0424 [^]	NU	Stationary compressed gas system rental includes contents	Rental only
E0430 [^]	NU	Portable gaseous oxygen system, includes contents	Rental only
E0435 [^]	NU	Oxygen system, liquid, portable, includes portable container	Rental only
E0439 [^]	NU	Stationary liquid oxygen system rental includes contents	Rental only
E0443	NU	Portable oxygen contents gaseous one month's supply	Purchase only
E0444	NU	Portable oxygen contents liquid one month's supply	Purchase only
E0445 [^]	NU	Pulse oximeter (including 4 disposable probes)	Rental only
E0480 [^]	NU UE	Percussor, electric or pneumatic, home model	Capped rental
E0483	UB	Replacement Pulmonary vest – vest only The manufacturer's invoice must be attached to the claim form.	Purchase only
E0483	RR	High-frequency chest-wall oscillation air-pulse generator system, includes hoses and vest	Rental only
E0560	NU UE	Cascade humidification	Purchase only
E0565 [^]	NU UE	Compressor, air power source for equipment which is not self contained or cylinder driven	Capped rental
E0570	NU UE	Nebulizer with compressor	Purchase only
E0575	NU UE	Ultrasonic nebulizer	Capped rental
E0585 [^]	NU UE	Nebulizer, with compressor and heater	Capped rental
E0600	NU UE	Suction pump	Rental only
E0605	NU UE	Vaporizer room type	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0606^	NU UE	Postural drainage board	Capped rental
E0607	NU UE	Home blood glucose monitor	Purchase only
E0630^	NU UE	Patient lift, hydraulic, with seat or sling	Capped rental
E0650^	NU UE	Pneumatic compressor, non-segmental	Capped rental
E0667^	NU	Pneumatic appliance (leg)	Capped rental
E0668^	NU	Pneumatic appliance (arm)	Capped rental
E0691^	NU	Ultraviolet light therapy system panel, bulbs/lamps/timer/eye protect < 2sq ft treat area	Rental only
E0692^	NU	Ultraviolet light therapy panel, bulbs/lamps/timer/eye protection, 4 ft panel	Rental only
E0693^	NU	Ultraviolet light therapy system panel, bulbs/lamps/timer/eye protection, 6 ft panel	Rental only
E0694^	NU	Ultraviolet light therapy system panel, bulbs/lamps/timer/eye protection, 6 ft cabinet	Rental only
E0720^	NU UE	TENS, two leads, localized stimulation	Capped rental
E0730^	NU UE	TENS, four leads, larger area/multiple nerve stimulation	Capped rental
E0740	NU UE	Replacement batteries for medically necessary TENS	Purchase only
E0745^	NU UE	Neuromuscular stimulator, electronic shock unit	Capped rental
E0747^	NU UE	Osteogenesis stimulator	Rental only
E0760*	NU	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Rental only
E0779 E0779^	RR	Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home	Rental only
E0840	NU UE	Traction frame attached to headboard, simple cervical traction	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0850	NU UE	Traction stand, free standing cervical traction	Purchase only
E0860	NU	Traction equipment, over door, cervical	Purchase only
E0870	NU UE	Traction frame attached to footboard, extremity traction	Purchase only
E0880	NU UE	Traction stand, free standing, extremity, traction	Purchase only
E0890	NU UE	Traction frame, attached to footboard, pelvic traction	Purchase only
E0900	NU UE	Traction stand, free standing, pelvic traction	Purchase only
E0910^	NU UE	Trapeze bars, attached to bed, complete with grab bar	Capped rental
E0920* ^	NU UE	Fracture frame attached to bed, includes weights	Capped rental
E0930^	NU UE	Fracture frame, free standing, includes weights	Capped rental
E0935^	NU UE	Passive motion exercise device	Capped rental
E0936 Bill on paper	NU	Continuous passive motion exercise device for use other than knee	Capped Rental
E0940^	NU UE	Trapeze bar, free standing, complete with grab bar	Capped rental
E0941^	NU UE	Gravity assisted traction device, any type	Capped rental
E0942	NU UE	Cervical head harness/halter	Purchase only
E0944	NU UE	Pelvic belt/harness/boot	Purchase only
E0945	NU UE	Extremity belt/harness	Purchase only
E0946	NU UE	Fracture frame, dual with cross bars, attached	Purchase only
E0947	NU UE	Fracture frame, attachments for complex pelvic	Purchase only

HCPCS code	Modifiers	Description	Payment Method
E0948	NU UE	Fracture frame, attachments for complex cervical	Purchase only
E1130 [^]	NU UE	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Capped rental
E1140	NU	W/chair detachable arms, desk or full length	Capped rental
E1150	NU	W/chair detachable arms, desk or full length	Capped rental
E1160	NU	W/chair, fixed full length arms, swing away	Capped rental
E1224** [^]	NU UE	Footrest wheelchair with detachable arm	Capped rental
E1340 Bill on paper	NU	Durable medical equipment parts only. Repairs/parts will not be approved for more than the allowed purchase price of new equipment. The manufacturer's invoice for all parts must be attached to the repair claim	Manually priced
E1340	NU, U1	Labor only (a maximum of 20 units per date of service is allowed) (1 unit = 15 minutes of labor)	N/A – Labor charges only
E1340	NU, U4	Maintenance for capped rental items	N/A – Labor charges only
E1390 [^]	NU	Oxygen concentrator manufacturer specified maximum flow rate	Rental only
E1391* [^]	NU	O2 concentrator, dual delivery port, 85% or > O2 concentration, each	Rental only
E2601	NU	General use wheelchair seat cushion, width less than 22 in., any depth	Purchase only
E2602	NU	General use wheelchair seat cushion, width 22 in. or greater, any depth	Purchase only
E2611	NU	General use wheelchair seat cushion, width 22 in. or greater, any depth	Purchase only
E2612	NU	General use wheelchair seat cushion, width 22 in. or greater, any depth	Purchase only
Z0428 Bill on paper	NU	Unlisted durable medical equipment, \$500.00 and over. The manufacturer's invoice must be attached to the claim form.	Manually priced
Z1825 Bill on paper	NU	Unlisted durable medical equipment, under \$500.00. The manufacturer's invoice must be attached to the claim form.	Manually priced

HCPSC code	Modifiers	Description	Payment Method
Z2211 Bill on paper	NU	Power kit/batteries	Purchase only

NOTES: Codes denoted with an asterisk * (A4231, A4232, A7034, E0186, E0187, E0198, E0760, E0920, and E1391) must be prior authorized. Form AFMC-103 must be used for the request for prior authorization. [View or print form AFMC-103 and instructions for completion.](#)

****** Code E1224 must be prior authorized through the Division of Medical Services, Utilization Review. Form DMS-679 must be used for the request for prior authorization. [View or print form DMS-679 and instructions for completion.](#)

Codes denoted with ^ symbol are approved for special circumstance "Initial" billing (See Section 242.111 of the Prosthetics Medicaid Provider Manual for details regarding "initial" billing). These codes must be billed WITHOUT A MODIFIER to indicate the "Initial" bill circumstance applies – EXCEPTION - if a modifier KH is specifically indicated, that modifier must be used.